

# DISTRICT of COLUMBIA NURSE

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Cover photo: Catholic University APRN students (back row) Regina Hartridge, Julie Ahlrich, Josephine Ignis, Lorraine Huber; and (front row) Sheri Morgan, Barbara Dominquez, Brandi Dobbs from Sr. Mary Jean Flaherty's course, Vulnerable Women and Families in Communities, a community/public health theory class. Photo by Nancy Kofie.

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# contents

**Board Member Farewell** 

Message from the Chairperson

## REGULATION

Board of Nursing Update 7

CE Links on BON Website

In the Know 8

LPNs who have not completed the licensure process 11

NCSBN Words of Wisdom and Resolutions Passed 12

## E D U C A T I O N

Clinical Instruction in Prelicensure Nursing Programs 14

Howard's Dean Accepts Position at Duke 15

DC Nursing Schools Year-to-Date Status 15

Tuition Free Nursing Program for DC Residents 16

# P R A C T I C E

More jobs, better pay, more nurse imposters 20

Alert: DC Nurse Imposters 21

Board Disciplinary Actions 21

Board of Nursing Survey 21

Continued Competence in Nursing 22

Medical Errors Database 22

Correcting Error-Prone Aspects of Prescription Writing 23

## HURRICANE RELIEF

Mayor Opened Armory to Evacuees 25

Nurse Evacuees Fees Waived 25

DC Nurses Volunteer at the Armory 25

"Thank You" to Nurse Volunteers 26

Spirit of the St. Bernard Parish 26

A Life Changing Experience 27

GWU Hospital Volunteers serve in Louisiana 28

Feel free to email your "Letters to the Editor" for our quarterly column: IN THE KNOW: Your opinion on the issues, and our answers to your questions. Email your letters to our Executive Director Karen Scipio-Skinner at <a href="mailto:karen.skinner@dc.gov">karen.skinner@dc.gov</a>. (Lengthy letters may be excerpted.)

# Thoughts of Former Board Member Ladan Eshkevari

It is with great sadness that I leave the District of Columbia and thus the DC Board of Nursing. My experience on the Board has taught me many valuable lessons, and was one of my most challenging yet rewarding experiences. A great deal of my time was spent on updating the educational regulations for both professional and



practical nursing programs. As an educator, it was especially gratifying knowing that I could make a difference in ensuring the training of safe, excellent practitioners for the citizens of DC.

I cannot leave the Board without mentioning the great work of the Executive Director, Ms. Karen Scipio-Skinner, and all of my fellow colleagues on the Board. There exists a sense of responsibility and collegiality amongst all of the Board in serving their mandate set forth by the Mayor. The group is an amazing entity of individuals with the highest level of integrity, honor, and compassion. As a nurse, I am proud to have been on the Board with such individuals and encourage any nurse licensed in the District to attend at least one open session of the Board's meetings so that they can get to know the Board and become involved. Together we can make a difference in how we view our profession, and its future, and more importantly how others view us.

—Ladan Eshkevari, CRNA, MS

# Message from the Chairperson

# **Lessons Learned from Katrina, Rita, and Wilma**

he devastation left behind by the hurricanes of 2005 and the needs of the people who were in its path—were another reminder that nursing is vital to our nation. And for nurses who were themselves evacuated from the Gulf Coast region—those nurses needed the non-Gulf Region boards of nursing to verify licensure in order to sanction their practice in a new part of the country.

In order to assure that nursing can continue to make a difference in times of crisis, we must address the issue of quick and accurate verification of licensure when a nurse leaves her or his home state. Individual nurses and nursing boards must work to make sure licensure can be established in a time of crisis.

#### **Lesson for Nurses:**

You as an individual nurse must make sure your licensure status is clear in a time of national or regional emergency.

Don't leave home without a copy of your licenses and some form of identification. Having these documents on hand will facilitate the licensure process when applying for licensure in other jurisdictions.

#### **Lessons Learned for the DC Board of Nursing:**

The Board must have policies and action plans in place for those instances when, due to a long-standing emergencies in other jurisdictions, board staff are not available and board computers are inaccessible. This was a learning experience for all of the Boards. Most boards have plans for emergencies that happen in their state but few had plans for handling the fall-out from emergencies in other states.

The DC Board of Nursing's practice of allowing the nurse to practice under supervision until licensure status can be confirmed allowed us a level of comfort. At the very least, if a nurse was found to have an invalid license we had a record of where she or he was working and could notify the facility regarding the nurse's licensure status.

#### DC Board: Helping nurses in crisis

The Board voted to waive licensure fees for Katrina nurse evacuees and to work with them to facilitate the licensure process. Fortunately for us nurses coming into the District came with identification so that we could verify their licensure status. Although there was a period of time when the Louisiana Board of Nursing's offices were closed due to flooding, they were able to provide us with of list of licensees that we could use for licensure verification.

The staff checked driver's licenses to ensure that the person presenting the license was indeed the licensee and that they were currently living in an affected state. We had one instance of a nurse from California who had once been licensed in Louisiana ask for waiver of her licensure fees based upon her expired Louisiana license.

#### Louisiana BON: Overcoming the Odds and Obstacles

The Executive Director of the Louisiana-RN Board initially had to set-up a computer in her living

room! That did not stop the Louisiana Board of Nursing from functioning expediently. When evacuee nurses from Louisiana came to work in the District, Louisiana was very quickly able to provide a list of persons licensed. In just a couple of weeks we were able to verify those licenses that were in good-standing. The licensure status of nurses licensed in DC was able to be validated.



Every crisis is an oppor-

tunity, as the old saying goes. When things go wrong—or right—there are lessons that can be learned. We must look at how emergency situations are handled, and ask the questions—

How will this emergency situation affect our ability to continue to ensure safe nursing care?

What kinds of mechanisms—and back-up mechanisms—do we need to have in place to meet emergency situation?

What kinds of partnerships are necessary to produce desired results?

#### What pit falls are to be avoided?

The National Council of State Boards of Nursing's Midyear Conference next year will focus on "Lessons Learned" - with an emphasis on addressing regulatory issues in the face of national and local emergencies." The District of Columbia Board of Nursing will continue to partner with other boards and the National Council to ensure smooth transitions as nurses move from one state to the next—whether their travels are inspired by opportunities for career growth, or necessitated by regional emergencies or other crisis that forced them to flee their home states. Your board of nursing will continue to examine its processes, procedures and practices during times of crisis.

I would like to end by thanking all of the nurses who emailed or called the Board's offices offering to help. You will be able to read stories of a few of these nurses in this edition of *DC NURSE: REP*.

JoAnne Joyner, DNSc, APRN, BC Chairperson D.C. Board of Nursing